

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.W.	67094	6/1/99
O.I.P.E. CLASSIFIER	DW	32	6/1/99
FORMALITY REVIEW	CH	71632	6/11/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	00
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	00
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
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25	✓
26	✓
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30	✓
31	✓
32	00
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34	✓
35	00
36	✓
37	00
38	✓
39	✓
40	00
41	✓
42	00
43	✓
44	✓
45	00
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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